

Division of Health Care Finance and Policy

An INET Web Application User Guide to the:

Hospital Licensed Health Center Cost Report

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Revision History

Date	Version	Description	Author
May 8th, 2006	1.0	Initial version	C. Kane

I. User Guide Overview.

This is a basic guide to filing the Hospital Licensed Health Care facility **HLHC Cost Report** using the Division of Health Care Finance and Policy's INET Web application.

A. Introduction.

Beginning with the cost report filing due July 3rd, 2006, the Division will deploy a web application for collecting HLHC Cost Reports. The web application replaces the Excel based template that was used to report in previous years. Filers will connect to the new web application through the Division's "**INET**" web site at:

<https://dhcfpinet.hcf.state.ma.us/>. The INET site currently has several active applications already in use by providers including Hospitals, Adult Day Health providers and Nursing Facilities to submit various clinical and financial data.

B. Step by Step Process.

The following describes all the necessary steps to complete and successfully submit your annual report electronically:

1. Register your users for INET.

You will typically need to register at least one **user** who will enter the data and submit the annual report. Once the INET registration form has been processed by the Division, each registered user will receive a Login ID via email. You may wish to register more than one person who will share this responsibility (backup person etc.).

2. Assemble all required information for your annual report submission.

This would be the same process you would normally follow in preparation to fill out the former spreadsheet based HLHC cost report. The data collected is essentially the same, just presented in a different format.

3. Login to INET <https://dhcfpinet.hcf.state.ma.us/> , using the Login ID provided to you (registered INET users - Step B.1).

a. Select menu option: **HLHC Cost Report**

b. Start a new annual report filing:


- Select “Filing” and then “New” in the left side pane
- Enter your Contact information into the form presented, and then save by clicking on the blue “Save” button.

You have now created a new filing. Click on Filing again in the left hand Navigation pane and note that you now see all the different sections of the cost report, available to select independently.

i.e.

General Information
Schedule A
Schedule B
Etc...

- Enter data items - You may enter data into the cost report forms in sequence or select the section you want to go to directly by clicking on the link in the navigation pane.
- Save - You may **save** at any point and come back later to complete your filing.

 **Caution...** Inactivity for 20 minutes will cause the internet session to Time-Out, and you will lose any unsaved data!

4. As each section of the HLHC Cost report is completed, you may click on the “Error Check” button, which will check for errors or completeness in the Schedule in which you are currently working. Again, remember to **save** as you complete sections.
5. **Submit** the cost report.

Your report is not **filed** until you have successfully **submitted** your data.

Once you have entered all the report details, for all required Schedules, you are ready to **submit** your information to the Division. Click on the “Submit HLHC Report” link in the left Navigation pane. A request to **submit** automatically runs a full set of **Edit** checks for the entire HLHC Cost report. If the filing passes all the required error checks, you will be presented a screen where you can sign the report (Certification by Provider). Once the document is **signed**, the file is considered submitted to the Division.

Please note that submitting may require cycling through the process more than once until there are no more errors. If there are any data omissions or mathematical inconsistencies, these problems will be displayed. To submit successfully you must first correct all the problems listed, and then submit again. Do this until all errors are cleared.

Upon successful submission and signing, you will see the following message on the Web form:

Congratulations! Your report is now officially submitted, and no longer editable. A PDF version is generated and stored in the system for the record.

*You are strongly urged to view and print the PDF for your own record by clicking the link below:
[View submitted report's PDF version](#)*

Note: The Cost Report is now officially filed, and the data is frozen. It can no longer be modified unless enabled by DHCFP staff (See section C. Reopen Request).

6. Generate Reports.

Each individual Schedule may be printed by going to the desired Schedule page (by means of clicking the link on left side navigation pane) and then clicking the **PDF** button in the floating toolbar.

To print the entire report at any time, select the **PDF All** link found in the left side navigation pane.

Please note that the PDF generated may also be **saved as a file** for future reference without having to go out to INET. We suggest that you save the PDF version of the HLHC Cost report for your personal records after you have successfully submitted.

C. Reopen Requests:

After a web application submission has been completed and closed a user may recognize that adjustments or corrections are needed. Using the web application users must create a “**reopen request** “. Reopen requests will be reviewed and either approved or rejected by internal DHCFP staff. To help ensure timely review, an email notification is automatically generated and sent to the appropriate Division staff within 4 hours of the request. The reopen request option is a visible link on left side navigation pane, after you have selected the submitted Cost report that you wish to reopen.

D. Frequently asked questions:

Q1. How do I sign up for access to the Division's Web site?

A1. Call Helpdesk (1-800-609-7232) to get a copy of a New *User Agreement* form.
Fill out the form and mail to:

Shelley Fortier Shelley.Fortier@state.ma.us or (617) 988-3121
2 Boylston St
Boston, MA 02116

Q2. What if I forget my password?

A2. Call Helpdesk (1-800-609-7232) They will reset your password to “!hcf123!”.

Q3. I have questions concerning the content of the HLHC Cost Report, or how to report information into the Web application.

A3. Call: Greg Mansfield 617-988-3266 -or-
Peg O'Brien 617-988-3150

Q4. Is **INET** available outside the normal business hours?

A4. Yes. There are scheduled windows of routine maintenance time between 5:00AM and 8:00AM daily - that **may** affect availability. Other than that and unanticipated outages, the site is available 24hrs a day, 7 days a week.

II. User Guide Screen Shots.

Section II presents screen shots from the Division of Health Care Finance and Policy's INET Web site. It should be used along with section "I. User Guide Overview", as a basic guide to filing the Hospital Licensed Health Care (HLHC) Cost Report using the INET Web application.

A. Login Screens.

A.1 Login to the DHCFF-INET Web Site

Use this URL - <https://dhcfpinet.hcf.state.ma.us/> to access the DHCFF-INET Login page

Mass.gov Division of Health Care Finance and Policy

DHCFF-INET
Login for Registered Users

Massachusetts Division of Health Care Finance and Policy
2 Boylston Street
Boston, MA
02116-4737
617 988-3100

The Division of Health Care Finance and Policy has created this site to facilitate the transfer of information between the Division and the health care providers of the Commonwealth. This is a subscription site and requires providers to register with the Division prior to using this site.

If you are a registered user of this site, you can login now.

Enter your User ID

Enter your Password

CONTINUE

If you are not a registered user of this site, you can find out how to register

Login

Enter Your User ID – assigned by HCF when you register as a user.
Enter Your Password – determined by you.

Click on the "Continue" button.

Forgot your password? Call the following number at HCF:
1-800-609-7232 General Helpdesk

Note that questions concerning the **content** of the HLHC Cost Report may be directed to:
Greg Mansfield **617-988-3266**
- or - Peg O'Brien **617-988-3150**.

A.2 Select the application you wish to run.

The list of applications presented to you on the Main Menu depends on which applications you specifically are registered for in INET. * To file the HLHC Cost Report...

Click on the "[HLHC Cost Report](#)" link as shown below:

Mass.gov Division of Health Care Finance and Policy

Massachusetts Division of Health Care Finance and Policy
2 Boylston Street
Boston, MA
02116-4737
617 988-3100

Click here

DHCFP-INET Main Menu

Facility: Massachusetts Division of Health Care Finance and OrgID = 3644	City: Boston
Facility ID: 3644	DPH #:

Welcome Chris Kane. Select an option from the list below.

- [Upload Files To DHCFP/Download Files From DHCFP](#)
- [View/Edit Quarterly Bed Capacity Statements](#)
- [HLHC Cost Report](#)
- [Administrative Functions](#)
- [Change User Profile](#)
- [Miscellaneous File Transfer](#)
- [Download SENDS](#)
- [Logout](#)

Clicking on this link brings you to the [HLHC Cost Report](#) Web application.

*Note that the menu options **you** see above are specific to you. Only those applications that you are signed up for in INET will be displayed here. For example you may see only the "HLHC Cost Report" option, or many links as displayed above.

B. Reporting data.

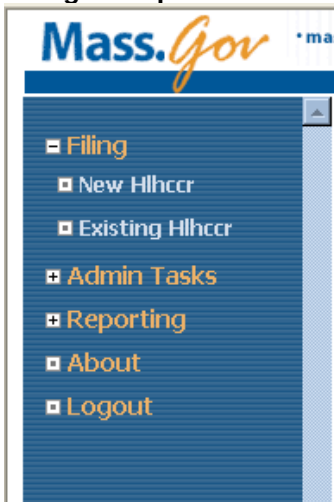
B.1 All reporting functions can be selected from the Main page.

This is the HLHC Cost Report Web application's main or "Home" page.



Functions are listed down the left side "**Navigation pane**". Click on the itemized links in the navigation pane to select the desired function:

Navigation pane



Clicking on **Filing** allows you to enter a New Cost Report, or Select an existing Cost Report filing.

After clicking on this link, note the expanded options "New HLHC CR" or "Existing HLHC CR". The first time in for a specific year you will select "*New HLHC*" to create a new filing. Once created and saved the first time, you will subsequently select "*Existing HLHC*". Once you select an "*Existing HLHC*", there will be additional options available in the navigation pane to select a specific schedule.

Note that at times you may need to select your facility name from a drop down box. This is necessary because some users may be registered filers for more than one facility.

B.2 Creating a new HLHC Cost Report.

Following step "3.b" in the "I. User Guide Overview section B. Step by Step Process" select **Filing** and then **New HLHC** from the navigation pane options.

Clicking on "New HLHC" results in the following screen:

Hospital - Licensed Health Center Cost Report

Hlhccr Affiliation

Please select the fiscal year you are filing for: 2005

Please select a provider from the options:

Cambridge Health Alliance - East Cambridge Health Center

Create Hlhccr

Select the fiscal year and provider (your facility name) using the drop-down boxes provided.

In this example, the year "2005", and "Cambridge Health Alliance – East Cambridge Health Center" has been selected. You will see names for only your facilities.

Clicking on the "Create HLHC" button results in the creation of a new "2005 HLHC cost report filing" for *Cambridge Health Alliance – East Cambridge Health Center*.

The next screen presents the **General Information** page of the cost report. Note that some information is already pre-filled. If the pre-filled information is incorrect you should notify the Division so that we can correct our current database.

Hospital - Licensed Health Center Cost Report

General Information

Cambridge Health Alliance - East Cambridge Health Center

Year of Cost Report : 2005

ORG ID:	28
CLINIC NAME:	Cambridge Health Alliance - East Cambridge Health Center
HOSPITAL NAME:	
FISCAL YEAR ENDING:	
UPDATE:	05/03/2006 10:03:28
STREET NUMBER :	
STREET:	163 Gore Street
ADDRESS 2:	
P.O. BOX NUMBER:	
CITY:	Cambridge
STATE:	MA
ZIP:	02139
MEDICAID PROVIDER NUMBER:	
FEIN:	
TELEPHONE NUMBER:	617-665-3000 ###-###-####
FAX NUMBER:	617-665-3019 ###-###-####
EMAIL ADDRESS:	clm@challiance.org

Navigating forms:

Hospital - Licensed Health Center Cost Report

General Information
 Cambridge Health Alliance - East Cambridge Health Center
 Year of Cost Report : 2005

ORG ID:	28
CLINIC NAME:	Cambridge Health Alliance - East Cambridge Health Center
HOSPITAL NAME:	
FISCAL YEAR ENDING:	
UPDATE:	05/03/2006 10:03:28
STREET NUMBER :	
STREET:	163 Gore Street
ADDRESS 2:	
P.O. BOX NUMBER:	
CITY:	Cambridge
STATE:	MA
ZIP:	02139
MEDICAID PROVIDER NUMBER:	
FEIN:	
TELEPHONE NUMBER:	617-665-3000 ###-###-####
FAX NUMBER:	617-665-3019 ###-###-####
EMAIL ADDRESS:	dhcmh@challiance.org

This is the
“floating”
tool bar

A floating tool bar always presents functional options at the top left corner of the form:

The floating tool bar

Click on these buttons to:

Save – at any time to save your input

Home – go back to Main page

Error Check – to check this page for completion

PDF – create a PDF document and Print this page

Cancel – leave this page without saving

Also note that now that you have created an instance of a **new** cost report, clicking on **Filing** in the Navigation pane gives you new options. Using the Navigation pane you can go directly to any **Schedule** on the HLHC cost report to enter or modify data.

Click on these links to
navigate to specific sections
of the cost report.

“PDF All” allows you to print any portion of the entire document in PDF form.

B.3. Filling out the remainder of the Cost Report.

You have now created a new cost report filing. To fill out the rest of the cost report you may proceed sequentially through the schedules selecting them from the navigation pane. You can also go to any schedule in any order, but note that some schedule items are dependant on prior schedules being already filled out.

The following are screen shots of some representative Schedules.

Many schedules feature **tab** controls which allow navigation within the schedule to the different sections. To switch from the General Ledger to the Admin-Medical Visit-Lab section, click on this tab.

Save Home Error Check PDF Cancel

Hospital - Licensed Health Center Cost Report
Schedule AS - Staff Information
Cambridge Health Alliance - East Cambridge Health Center
Year of Cost Report : 2005

General Ledger Admin-Medical Visit-Lab X-Ray-Pharmacy-Dental Mental-CC1-CC2

Normal work week hours: 0 Hours per Year: 0

GENERAL LEDGER (TOTAL)				
COUNT	STAFFING CATEGORY	TOTAL MEDICAL UNITS OF SERVICE	TOTAL FTE	TOTAL DOLLARS (\$)
	1 - Medical Doctor	0	0	0
	2 - Medical Resident	0	0	0
	3 - Dentist	0	0	0
	4 - Hygienist	0	0	0
	5 - Psychiatrist	0	0	0
	6 - Podiatrist	0	0	0
	7 - Administration	0	0	0
	8 - Nurse Midwife	0	0	0
	9 - Physician's Assistant	0	0	0
	10 - Nurse Practitioner	0	0	0
	11 - Midlevel - Other	0	0	0
	12 - RN	0	0	0
	13 - LPN	0	0	0
	14 - Clinical Psychologist	0	0	0
	15 - LICSW	0	0	0
	16 - Pharmacist	0	0	0

The **Reconciliation** Schedule below features an “Add row” control which allows you to insert a new row into a schedule. By clicking on the **Add Revenue Explanation** button, the rows labeled “test add 1 item” and “test add another item 2” were inserted as new rows. The **Delete** button allows you to remove a row if necessary.

Save Home Error Check PDF Cancel

|

Hospital - Licensed Health Center Cost Report
RECONCILIATION
Cambridge Health Alliance - East Cambridge Health Center
Year of Cost Report : 2005

Total Revenue, Schedule B2 (HLHCCR)	0	
Total Revenue, Sch II, Col. 8, Line 103 (DHCFP-403)	0	
Variance	0	
Explanation of Revenue Variance	Variance	
test add 1 item	1,000	Delete
test add another item 2	2000	Delete
	3,000	

Add Revenue Explanation

Note – Wherever derived totals are calculated automatically, these cells are differentiated from data entry cells by its gray color. These cells can not be edited.

To complete data entry for the entire cost report, proceed to each schedule and enter all relevant information:

Enter all required information into the **cells** on each form.

Blank cells are treated as Zero.

When you are finished with each Schedule, you should **save** Save, and then run an **Error check** to make sure you have met all the required criteria.

You may choose to run **Error Check** when finished with a Schedule. This will check errors within the current Schedule you are working on **only**. You can save and come back at any time.

If there is missing information, or data that is inconsistent (such as details that don't add up to the summary total) you will get a list of Errors detected. A list of Error Messages is provided on the next page.

List of Error Messages – HLHC Cost Report *Error Check*:

Error Code	Schedule	Error Message
F001	General info	Missing Required Field
F002	Sched AS	Invalid Value, Normal work week hours must be > 0
F002	Sched AS	Invalid Value, Hours per Year must be > 0
F003	Sched AS	If FTE > 0, then Dollars/FTE should be > 10000
F004	Sched AS	If FTE > 0, then Units of Service should be > 0
F005	Sched B1	If (F) Total Medical Visits > 0, then (G) Total All Visits should be > 0
F002	Sched B2	Invalid Value, Description for other should be provided
F006	Sched E	If Salaries+Wages > 0, then Payroll taxes should be > 0
F007	Sched E	If Salaries+Wages > 0, then Employee Benefits should be > 0
F002	Sched F	Invalid Value, Maximum Capacity should be > 0
F002	Sched F	Invalid Value, Plan needs to be explained
F002	Sched F	Invalid Value, Total Medical > 0 on Schedule AS, then the total medical(Male+Female) should be > 0
F002	Sched F	Invalid Value, Total Dental > 0 on Schedule AS, then the total dental(Male+Female) should be > 0
F008	Reconciliation	If Variance is not 0, Variance explanation is required
F009	Reconciliation	Explained Variance total does not tally to the variance

Error codes that start with “F” indicate a critical (Fail) error that must be corrected before the filing will be accepted.

A final reminder – **SAVE** frequently. It is recommended to save at least after each Schedule is completed. Also remember that inactivity for 20 minutes will result in a session timeout that will result in loss of data entered after the last SAVE.

C. Submitting the Cost Report.

Once you have entered and SAVED all the Schedules, and have successfully cleared all errors resulting from "Error Check", you are now ready to Submit your Cost Report to the Division.

In the Submission process you will be asked to sign the document, to affirm the accuracy of your filing. You will see the name of the authorized submitter is auto-filled. The name is based on the person who is logged in to the Web application. Clicking on the "Submitter's acknowledgement" checkbox (step 2 below) constitutes signing.

Once you have successfully signed the document, the cost report will be read-only from that point on. To make the cost report editable again once it's been signed will require submitting a reopen request to HCF (See section D. Reopen request).

(1) **Submit:** In the navigation pane - click on "**Submit HLHC CR**".

Click here to **submit** your completed HLHC Cost Report

Page	Error Code	Error Message
General Info	F001	Missing Field : CLINIC NAME can not be empty
Schedule AS	F002	Invalid Value : Normal work week hours must be > 0
Schedule AS	F002	Invalid Value : Hours per Year must be > 0
Schedule F	F002	Invalid Value : Maximum Capacity should be > 0

The system will first rerun all the schedule edits. If any errors are found, you will see something like the following screen:

Page	Error Code	Error Message
General Info	F001	Missing Field : CLINIC NAME can not be empty
Schedule AS	F002	Invalid Value : Normal work week hours must be > 0
Schedule AS	F002	Invalid Value : Hours per Year must be > 0
Schedule F	F002	Invalid Value : Maximum Capacity should be > 0

The Fatal Edit errors listed below have to be resolved before you can submit the form!

Page	Error Code	Error Message
General Info	F001	Missing Field : CLINIC NAME can not be empty
Schedule AS	F002	Invalid Value : Normal work week hours must be > 0
Schedule AS	F002	Invalid Value : Hours per Year must be > 0
Schedule F	F002	Invalid Value : Maximum Capacity should be > 0

Proceed to each schedule (Page) and correct any errors before trying to submit again.

(2) Sign:

If there are no errors found – you will see displayed the following screen, where you *sign* the form by clicking on the Submitter's acknowledgement checkbox:

Submit	Home	PDF	Cancel
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Facility Name: Berkshire Medical Center Filing Period: 01/01/2005

ACCURACY OF REPORT

CERTIFICATION BY PROVIDER

To the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. If the reports and accompanying schedules were prepared by a person other than the owner, partner, or officer of the provider, his/her declaration is based upon all information of which he/she has any knowledge.

Signature of authorized Submitter: Chris Kane - chris.kane@3644-67

Date of Submission (MO/DA/YR): 05/02/2006 

By checking the box below I hereby certify that I am authorized by the provider to submit this information.

Submitter's acknowledgement: ☐

(3) Submit signature:


After signing, click to finally **submit** to DHCFP

Home	Dismiss
------	---------

Facility : Berkshire Medical Center

Congratulations! Your Hlccr is now officially submitted, and no longer editable. A PDF version is generated and stored in the system for the record.

You are strongly urged to view and print the PDF for your own record by Clicking the link below: [View submitted report's PDF version](#)



Massachusetts Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116-4737
(617) 988-3100
TTY (617) 988-3175

You have now successfully **submitted** your cost report. As suggested, you should print a "PDF" version of the submission. The cost report will be received and recorded as submitted by HCF on this same day.

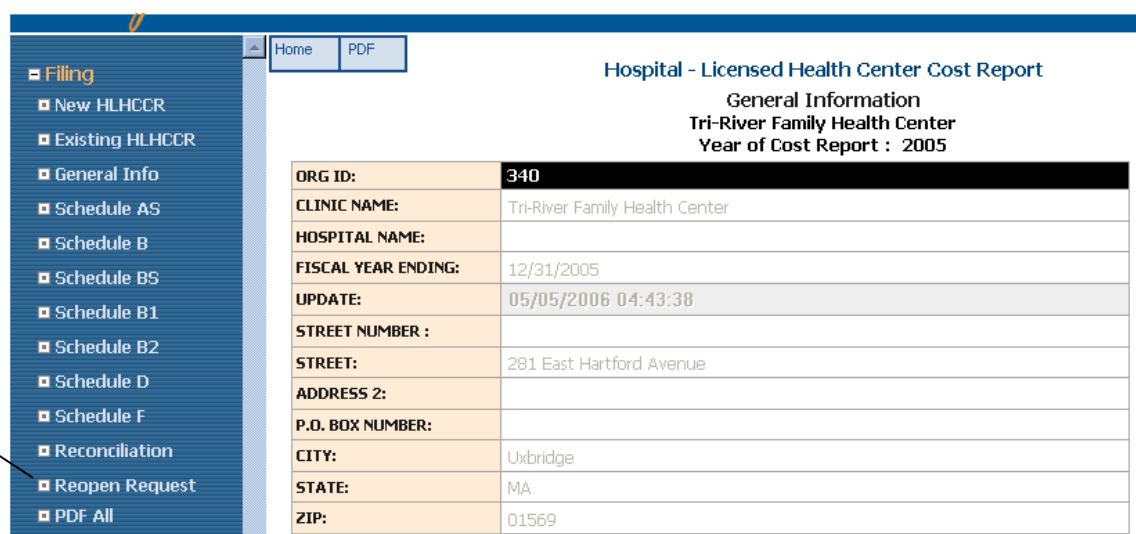
D. Reopen request.

Once a cost report has been signed it is rendered un-editable. If for any reason you wish to revise a cost report after that point you must make a request to HCF using the INET application to have the file submission "reopened". This process is described in the following sections.

Note that once a cost report is signed, a new option [Reopen Request](#) appears under the Admin Tasks option in the Navigation pane below:

Follow these 3 Steps...

(1) Click on **Reopen Request**



The screenshot shows the 'Hospital - Licensed Health Center Cost Report' application. On the left is a navigation pane with a tree view containing the following items: Filing, New HLHCCR, Existing HLHCCR, General Info, Schedule AS, Schedule B, Schedule BS, Schedule B1, Schedule B2, Schedule D, Schedule F, Reconciliation, **Reopen Request**, and PDF All. The 'Reopen Request' item is highlighted. On the right, the 'General Information' section for 'Tri-River Family Health Center' for the 'Year of Cost Report : 2005' is displayed. It includes a table with the following data:

ORG ID:	340
CLINIC NAME:	Tri-River Family Health Center
HOSPITAL NAME:	
FISCAL YEAR ENDING:	12/31/2005
UPDATE:	05/05/2006 04:43:38
STREET NUMBER :	
STREET:	281 East Hartford Avenue
ADDRESS 2:	
P.O. BOX NUMBER:	
CITY:	Uxbridge
STATE:	MA
ZIP:	01569

(2) You will be required to **type in a brief explanation** (in the Textbox) as to why you want to reopen the submission. (3) Then click the **SAVE** button.

The **SAVE** button *activates* the request to reopen your submission for editing. The Division will receive an email within 24hours and respond to this request as soon as possible

After you have activated a request to reopen a submission – you may view the status of the request by clicking again on the [Reopen Request](#) link.

Pending Reopen Request: As the Division has the right to accept or reject the request to reopen, the Division will contact you to discuss this matter before taking any action.

If the request is accepted, the submission is reopened for edit and the cost report must be resigned and resubmitted after modifications are made.

PDF versions of both the original and revised submissions will be saved.